Approved for use through 1/1 17000 CMB 041-0032 U.S. Polerix and Trademark Office; U.S. DEPARTMENT OF COMIERCE Under the Pepersons Reduction Act of 1896, no princips are required to respond to a collection of information unless I displays a yalld CMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Humber Substitute for Form PTO-875 . Effective December 8, 2004 0. APPLICATION AS FILED - PARTI. OTHER THAN (Column 1) SMALL ENTITY OR SMALL ENTITY FOR HUMBER FILED HUMBER EXTRA RATE (\$) FEE A BASIC FEE RATE (1) FEE(1) NVA 137 CFR 1 16(4) (6) # (6)) N/A AV4 150.00 ŇA 300.00 SEARCHFEE N/A -(37 CFR | 16(N. N. or IN) NIA NA \$250 NIA \$500 EXAMINATION FEE : NA (37 CFR 1 16|0]. (p), or (q)) N/A NA \$100 NA \$200 TOTAL CLAIMS (37.CFR 1 16(1) X\$ 25 minus 20 . X\$50 INDEPENDENT CLAIMS OR (37 CFR 1 16(N)) X100 **■ C w**nm X200 Of besoxe agniward and drawings exceed 100 APPLICATION SIZE sheets of paper, the application size fee due FEE . (37 CFR | 16(4)) is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1:16(s) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1 16/11 +180= 4360m * If the difference in column 1 is less than zero, enter "O" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II The Non-Fine Homelt Column 1) OTHER THAN (Column 2) (Column 3) OR SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST REMAINING PRESENT NUMBER RATE (\$) ADDI-RATE(\$) AFTER PREVIOUSLY ADDI: AMENDMENT TIONAL MENDMENT PAID FOR TIONAL FEE (\$) pi cre Lien FEE (1) Minus 09 X\$ 25 X\$50 OR hdependent . Minus X100 X200 **o**e Application Size Fée (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +180= +360= OR TOTAL TOTAL ADD'L FEE OR ADO'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING NUMBER PRESENT RATE (\$) ADDI-TIOHAL FEE (1) RATE (\$) AFTER. PREVIOUSLY EXTRA AMENDMENT PAID FOR TIONAL Total FEE (\$) Minus X\$ 25 X\$50 OR Endipendent Minus +++ X100 X200 OR Application \$120 F40 (37 CFR 1.16(8)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (ST CFR 1.160) +180a +360z ÓŘ TOTAL. TOTAL OR ADD'L FEE ADD'L PEE

If the entry in column 1 is less than the entry in column 2, write "O' in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20".

The Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

It collection of Information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the PTO to piecess) an application. Confidentiality is potented by 35 U.S.O. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, buding gatheting, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case, Any comments the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient Individual case, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS DRHESS SEND TO: Gommissioner for Patients, P.O. Box 1460, Alexandria, VA 22313-1450. DRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.